

**STATE OF CALIFORNIA**Victim Compensation and Government Claims Board (VCGCB)  
VCGCB-VOC-6030 (Rev. 05/05)**Law Enforcement Relocation Benefit  
Verification Form**

For staff use only:

Meets Relocation  
CriteriaYes  No 

Initial: \_\_\_\_\_

This form is to help law enforcement officers document a threat to the personal safety of a crime victim seeking relocation benefits from the Victim Compensation Program (VCP) pursuant to GC § 13957(a)(8). This form may be used with or without a letter from law enforcement. If a letter is submitted without this form, it must be on the law enforcement agency's letterhead and contain the information requested on this form.

**Victim Information**

Name:

SSN:

Address:

City:

State:

Zip:

Phone:

VCP Claim Number (if known):

**Crime Information**

Crime Date:

Crime Code:

Crime Report Number:

Has the Perpetrator Been Convicted?:

Is the Perpetrator Incarcerated?:

If yes, what is the expected release date?:

Please describe the nature of the threat to the victim's personal safety, if any. Use additional paper if necessary. (You may include information about the nature of the crime, past history of assault or stalking, verbal threats, etc.):

In your opinion, is/was it necessary for the victim to relocate  
for his or her personal safety?

Yes  No Not enough information to determine **When Completed by Law Enforcement**

Law Enforcement Officer Providing Information (printed name):

Agency Name:

Contact Phone Number:

Signature:

Date:

**For Victim Witness Center use only: If form is not fully completed contact the LE agency,  
complete the missing information in red ink and complete the section below.**

Law Enforcement Officer Providing Information:

Phone Number:

Law Enforcement Agency Name:

VW Center Advocate or VCP Staff Completing This Form:

Phone Number:

VW Center Name and Code No.:

Date: